428 NORTH 6TH STREET

TOMAHAWK 54487 Phone: (715) 453-2511		Ownershi p:	Corporati on
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	64	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	64	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	56	Average Daily Census:	54

Services Provided to Non-Residents		Age, Sex, and Primary Diagra	osis of	Residents (12/3	31/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	33. 9
Supp. Home Care-Personal Care	No			i	Ì	1 - 4 Years	55. 4
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	12. 5	More Than 4 Years	10. 7
Day Services	No	Mental Illness (Org./Psy)	23. 2	65 - 74	7. 1		
Respite Care	Yes	Mental Illness (Other)	1.8	75 - 84	21.4	•	100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0. 0	85 - 94	46. 4	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	1.8	95 & 0ver	12. 5	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	1. 8	İ	ĺ	Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	3. 6		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	14. 3	65 & 0ver	87. 5		
Transportation	No	Cerebrovascul ar	8. 9	'		RNs	14. 9
Referral Service	No	Di abetes	7. 1	Sex	%	LPNs	6. 1
Other Services	No	Respi ratory	5.4		j	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	32. 1	Male	48. 2	Ai des, & Orderlies	34. 7
Mentally Ill	No			Female	51.8		
Provi de Day Programming for	j		100.0		j		
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19	-		0ther			Pri vate Pay	;		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	1	10. 0	355	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	1	1. 8
Skilled Care	9	90. 0	323	37	94. 9	93	0	0.0	0	5	71.4	142	0	0.0	0	0	0.0	0	51	91. 1
Intermediate				2	5. 1	78	0	0.0	0	2	28.6	133	0	0.0	0	0	0.0	0	4	7. 1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	t 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	10	100. 0		39	100.0		0	0.0		7	100.0		0	0.0		0	0.0		56	100. 0

County: Lincoln Facility ID: 7700
RIVERVIEW REHABILITATION/CARE CENTER

**********	*****	********	*****	******	******	*******	*****
Admi ssi ons, Di scharges, and		Percent Distribution	of Residents'	Condi ti ons,	Services, an	d Activities as of 1	2/31/01
Deaths During Reporting Period	l						
				% Nee	edi ng		Total
Percent Admissions from:		Activities of	%	Assi sta	ınce of	% Totally	Number of
Private Home/No Home Health	3. 3	Daily Living (ADL)	Independent	One Or T	Wo Staff	Dependent	Resi dents
Private Home/With Home Health	1.6	Bathi ng	1.8	80). 4	17. 9	56
Other Nursing Homes	8. 2	Dressi ng	17. 9	75	5. 0	7. 1	56
Acute Care Hospitals	82. 0	Transferring	30. 4	55	5. 4	14. 3	56
Psych. HospMR/DD Facilities	0.0	Toilet Use	25. 0	5	7. 1	17. 9	56
Rehabilitation Hospitals	0.0	Eating	73. 2	19	9. 6	7. 1	56
Other Locations	4. 9	**************	******	******	******	*******	******
Total Number of Admissions	61	Continence		% Spe	ecial Treatmen	ts	%
Percent Discharges To:		Indwelling Or Externa	ıl Catheter	10. 7	leceiving Resp	iratory Care	10. 7
Private Home/No Home Health	36. 5	Occ/Freq. Incontinent	of Bladder	57. 1 F	lecei vi ng Trac	heostomy Care	0. 0
Private Home/With Home Health	20.6	Occ/Freq. Incontinent	of Bowel	48. 2 F	lecei vi ng Suct	i oni ng	0. 0
Other Nursing Homes	7. 9			I	Receiving Osto	my Care	0. 0
Acute Care Hospitals	1.6	Mobility		F	lecei vi ng Tube	Feedi ng	1. 8
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	0. 0 I	Receiving Mech	anically Altered Diet	ts 39.3
Rehabilitation Hospitals	0.0					-	
Other Locations	0.0	Skin Care		0tl	ner Resident C	haracteri sti cs	
Deaths	33. 3	With Pressure Sores		3. 6 I	lave Advance D	i recti ves	100. 0
Total Number of Discharges		With Rashes		16. 1 Med	li cati ons		
(Including Deaths)	63	ĺ		F	Receiving Psyc	hoactive Drugs	67. 9
-					= •	=	

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

************************************* Ownershi p: Bed Size: Li censure: Propri etary 50-99 Skilled Al l Thi s Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 84. 4 80.3 1.05 85. 1 0.99 84. 4 1.00 84.6 1.00 Current Residents from In-County 62.5 72.7 0.86 72. 2 0.87 75. 4 0.83 77. 0 0.81 Admissions from In-County, Still Residing 23.0 18. 3 1. 25 20.8 1. 10 22. 1 1.04 20.8 1. 10 Admissions/Average Daily Census 113.0 139.0 0.81 111.7 1.01 118. 1 0.96 128. 9 0.88 Discharges/Average Daily Census 116.7 139.3 0.84 112. 2 1.04 118. 3 0.99 130.0 0.90 Discharges To Private Residence/Average Daily Census 66. 7 58. 4 1. 14 42.8 1.56 46. 1 1.45 52.8 1. 26 Residents Receiving Skilled Care 92. 9 91.2 1.02 91. 3 1. 02 91.6 1.01 85. 3 1.09 Residents Aged 65 and Older 87. 5 96. 0 0.91 93.6 0.93 94. 2 0.93 87. 5 1.00 Title 19 (Medicaid) Funded Residents 69.6 72. 1 0.97 67. 0 1.04 69.7 1.00 68. 7 1.01 Private Pay Funded Residents 12.5 23. 5 0.53 21.2 22. 0 0. 57 18. 5 0.67 0.59 Developmentally Disabled Residents 0.0 1.0 0.00 0.9 0.00 0.8 7. 6 0.00 0.00 Mentally Ill Residents 25.0 36. 3 0.69 41.0 0.61 39. 5 0.63 33. 8 0.74 General Medical Service Residents 32. 1 16.8 1.92 16. 1 2.00 16. 2 1.98 19.4 1.66 49.3 Impaired ADL (Mean) 42. 1 46.6 0.90 48. 7 0.87 48. 5 0.87 0.86 Psychological Problems 67. 9 47.8 1.42 50. 2 1. 35 50.0 1.36 51. 9 1. 31 Nursing Care Required (Mean) 8.9 1. 25 7. 3 1. 23 7.0 7. 3 1. 22 7. 1 1. 27